

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032194

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 364

FILED AUG 28 1962

1. PLACE OF DEATH

a. COUNTY

St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Bonne TerreLength of stay in lb
4 hoursc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Bonne Terre HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Wash.

c. CITY
OR
TOWN Potosi, MissouriInside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Amos

Robert

Hill

4. DATE
OF
DEATH

Month

Day

Year

Aug.

18

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-24-1905

9. AGE (last birthday)

56

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Owner

10b. KIND OF BUSINESS OR INDUSTRY

Service Station

11. BIRTHPLACE (City and state or country)

Shirley, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Joseph Hill

13b. MOTHER'S MAIDEN NAME

Mae Singer

14. NAME OF HUSBAND OR WIFE

Marple Fern Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Gorden Hill

Potosi, Missouri

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

severe head injuries

INTERVAL BETWEEN
ONSET AND DEATH
4 hrsConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

car left highway on curve, deceased

20c. TIME OF
INJURY
Hour
a.m.
1230 p.m.Month, Day, Year
8-18-62

was thrown from the automobile onto the pavement.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

highway

20f. CITY, TOWN, OR LOCATION

Potosi

St Francois

COUNTY

Missouri

STATE

21. I attended the deceased from _____, to _____ and last saw him alive on _____

Death occurred at _____

4:15 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ted Boyer, Coroner

22b. ADDRESS

Bonne Terre, Mo

22c. DATE SIGNED

8-20-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

8-20-1962

23c. NAME OF CEMETERY OR CREMATORY

New Masonic

23d. LOCATION (City, town, or county)

Potosi, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Donald Sparks

Potosi, Missouri

25. DATE RECD. BY LOCAL REG.

Aug 20, 1962

26. REGISTRAR'S SIGNATURE

Gordon Hill

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/598941
211012

3

4 0

5 1

6

7 0

8 2

9 X

10

11 110

12 1-3

13 1-0

AUG 29 1962

SEP 11 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4819

P. O. Address Kolosi, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.